

CLAIMS ONLY						Application Number <i>10/634727</i>	Filing Date			
						Applicant(s)				
<i>Multiples</i> <i>12-29-4</i>						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1		1				51				
2			1			52				
3				1		53				
4					80	54				
5						55				
6						56				
7			1			57				
8				1		58				
9						59				
10					1	60				
11						61				
12			1			62				
13						63				
14						64				
15						65				
16						66				
17						67				
18						68				
19						69				
20						70				
21						71				
22						72				
23						73				
24						74				
25						75				
26						76				
27						77				
28						78				
29						79				
30						80				
31						81				
32						82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep.			4			Total Indep.				
Total Depend			9			Total Depend				
Total Claims			13			Total Claims				